

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18313**

FILED JUN 3 1957		BIRTH NO. 32292-57		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 142	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles				c. LENGTH OF STAY (In this place) 1 da.		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 09250					
3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) William c. (Last) Iffrig				4. DATE OF DEATH (Month) (Day) (Year) May 25, 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH May 25, 1957		9. AGE (In years last birthday) 18 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 WEEK	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.			
13a. FATHER'S NAME Herbert Iffrig				13b. MOTHER'S MAIDEN NAME Rose Bethman		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---				16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Herbert Iffrig, St. Peters, Mo. ADDRESS St. Peters, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 2lbs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 16 hrs	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 25 May, 1957 , to 25 May, 1957 , that I last saw the deceased alive on 25 May, 1957 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Rene J. DuMont (Degree or title)				23b. ADDRESS O'Fallon, Mo.				23c. DATE SIGNED 27 May 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 26, 1957		24c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.			
DATE REC'D BY LOCAL REG. MAY 27-57		REGISTRAR'S SIGNATURE Hazel Labeled Rep.				25. FUNERAL DIRECTOR'S SIGNATURE Geo. Steinhilber ADDRESS St. Peters, Mo.			

(Licensed Embalmer's Statement on Reverse S-46)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Not embalmed Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. A. Smith

Licensed Embalmer No. 827

P. O. Address Dallas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.